

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

DUE DATE FEBRUARY 12, 1998

WH-5180

1997 ECONOMIC CENSUS

BEER, WINE, AND DISTILLED ALCOHOLIC BEVERAGES

OMB No. 0607-0825: Approval Expires 08/31/99

WH-5180

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to: BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001 Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday: 1-800-233-6136 Please read the accompanying instructions before answering

Census use

the questions.

(Please correct any errors in name, address, and ZIP Code.) YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

lte	m 1. EMPLOYER IDENTIFICATION NUI	нош то	Thou- sands	Dol- lars										
	he Employer Identification Number (el the same as the one used for this	REPORT DOLLAR		to thousands of dollars. Example: If a figure		lions (000)	(000)	(000)						
lat	est 1997 Employer's Quarterly Feder	FIGURES	is \$1,125,628.79 report	Preferred		1	126							
Tre	easury Form 941?				Acceptable		1	125	629					
	094 1 ☐ Yes 2 ☐ No – Report cur	Item 4.	DOLLAR VOLUME	OF	Bil.	Mil.	Thou.	Dol.						
	(O dinia)			1	BUSINESS		010		i i					
	(9 digits)				and operating rec 997 (Include the gro									
	m 2. PHYSICAL LOCATION				of business conducte				, , 					
a.	Is this establishment's physical loca the address shown in the label? (P.O			Others	>) 		121		_					
	addresses are not physical locations)	. box and	rarar routo		his establishment e		1.	1 \square Yes – Go to line c 2 \square No – Skip to						
	4 □ Ver o □ Ne . Berrent of		attan balanı		nissions for the sal handise?	e of	2	No - line						
	093 1 ☐ Yes 2 ☐ No – Report ph	ysıcal loc	ation below				Bil.	Mil.	Thou.	Dol.				
	Number and street				c. Gross selling value of business conducted on a commission basis (Include in item 4a)				111001					
									i i					
	City, town, village, etc.	State	ZIP Code	d Comr	missions received (On.	123		1					
					ections reported in ite				! ! 					
b.	ls this establishment physically loca	ted insid	de the legal	NOTE – If this is the only establishment of this firm skip to item 5										
	boundaries of the city, town, village	, etc.?	_	l <u> </u>						Percent				
	095 1 Yes 3 No legal bound	aries			ent of products solution			124						
	2 No 4 Do not know			mine	d in the United States by company or subsidiaries					0/				
				1 		Mil.	Th	%						
C.	In what type of municipality is this ophysically located?	establish	ment	estab	f. Value of transfers to other establishments within your company (DO NOT include in item 4a)				Thou.	Dol.				
				comp					 					
	096 1 ☐ City, village, or borough 2 ☐ Town or township			Item 5. PAYROLL					Thou.	Dol.				
	3 ☐ Other – Specify			Payroll in 1997, BEFORE DEDUCTIONS a. Annual					1					
	4 Do not know								i i					
ч	In what county (e.g., Dade County) is t	hio ooto					031	1						
u.	physically located?	ilis esta	b. First quarter (January-March)											
			Item 6. EMPLOYMENT					Number						
			lumber of months	a. Number of paid employees for pay period including March 12, 1997					032					
lte	m 3. OPERATIONAL STATUS	00	(Include both full- and part-time											
a.	How many months during 1997 was this establishment actively operated		2	employees)					Number					
		b. List the above employees by the employee's primary function:					Number 131							
b.	Which of the following best describe status at the end of 1997? $Mark(X) \circ Mark(X) = Mark(X) \circ Mark(X) \circ Mark(X) = Mark(X) \circ $	es this es nlv ONE	stablishment's box.	(1) Selling										
		Í		(2) C	ales support (includir	ng office an	d	132						
	2 Temporarily or seasonally in	001 1 ☐ In operation Figures only 2 ☐ Temporarily or seasonally inactive Month Year												
	3 Ceased operation – Give date		WOITH Tear	00	service, maintenance employees, and drivers)									
	4 Sold or leased to another op	erator –		(3) Supporting functions of other										
	Give date at right AND enter	name,		tablishments in your e., central administra										
	etc., below				accounting, research, etc.)									
		Name of new owner or operator						134						
	Name of new owner or operator							154		I				
					anufacturing									
	Name of new owner or operator Number and street				anufacturing ther – <i>Specify</i>			135						
	Number and street	Chah	7/0.0-1											
		State	ZIP Code	(5) Ot				135						

Item 7. OPERATING EXPENSES			Mil. 040	Thou.	Dol.	Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS							
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold			040	 		a. Kind of business							
and interest expense)						What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only							
Item 8. INVENTORIES ONE box.													
a. Did you have invented	ories at th	ne end of 19	996 or	1997?		(1) Beer, wine, and distilled alcoholic beverages							
180 1 Yes - Com	•	emainder of	the ite	m		(a) Beer and ale 518100							
2 ∐ No – Skip t	o item 9					(b) Wine and distilled alcoholic beverages (licensed distributor)							
b. Were inventories of	this estab	lishment su	ubject	to		(c) Wines and distilled alcoholic beverages							
the last-in, first-out	(LIFO) met	tnod of Vall	uation?			(state-operated)							
185 1 ☐ Yes – <i>Use</i>			nount p	lus the l	LIFO	(2) Other kind of business – Specify							
		s c and c(2)											
2	olete only li	ine c											
		of 1997	End of 1996										
	Mil. Th	nou. Dol.	Mil. 047	Thou.	Dol.	b. Selling characteristics							
	į			 		(1) In what format did this establishment							
c. Total inventories	181		186	1		PRIMARILY sell in 1997? Mark (X) only ONE box.							
(1) Amount not subject to LIFO				 		668 From physical displays of priced merchandise 1							
costing	182		187	 		From a counter (little or no display) 2							
(2) Amount subject to LIFO costing			167	 		From a warehouse or office							
(gross)				 		Guidi Boodingo 4 🗆							
	183		188	 									
(a) Amount of the LIFO reserve				 									
(b) LIFO value of	184		189										
the line c(2) (net)				! 		(2) How did this establishment PRIMARILY							
NOTE The su	£ !:	-/1\ d -/2\	-6		l:	attract new customers in 1997? Mark (X) only ONE box.							
	m of lines	c(1) and c(2) c(2a) and c(2		•		069							
line c(2	?)			·		Location and store attractiveness							
Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997 PURCHASES AT COST Bil. Mil. Thou.						Advertising to the general public, including direct mail advertising							
MERCHANDISE IN 1997 Bil. Purchases of merchandise for resale				Thou.	Dol.	Advertising to the trade or calls directly to customers							
(Net of returns, allowances, and trade and cash discounts; but including						Other – Describe							
amounts allowed for trade-i	ins)			<u> </u>									
NOTE – If purchases are general explanation in the	greater thai e REMARK	n sales, plea S section	se prov	ride an									
<u> </u>													
Item 10. SALES BY CLASS OF CUSTOMER Report the percentage of this			Whole percent of sales			c. What percent of your sales are Percent							
establishment's total sales in 1997 (item 4a) to each class of customer.			141			drop-shipped and do not enter this establishment?							
a. Export sales						%							
			142			Item 12. TYPE OF OPERATION							
 Restaurants, hotels, for contract feeding 	od services	s, and				What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only							
c. Retailers and repair sh	ops for res	sale or	143			ONE box.							
repair			144			a. Own-brand importer and marketer							
d. Other wholesale estab	lishments f	for resale				 Merchant wholesaler (buying and selling on own account) 							
			145			(1) Importer							
e. Industrial users for pro (manufacturing and mi						(2) Exporter							
			146			(c) Merchant Wholesale distributer of josser							
f. Business users for con resale	sumption,	not for				c. Manufacturers' sales branches and offices							
			147			d. Agent, broker, and commission merchant							
g. Farmers (for farm use)			148			(1) Auction company							
h. Household consumers	and indivi-	dual	148			(2) Broker (representing buyers and sellers)							
users	ana muivi	auui	4.00			(4) Import agent							
i. Builders and contracto	rs		149			(5) Export agent							
			150			(6) Manufacturers' agent							
j. Governmental bodies (Federal, St	tate,				e. Other broker or agent – Specify type							
and local)													
k. TOTAL (Sum of lines		j		100%									

Form WH-5180													Page 3		
If not shown, please of from the address labe			jit Cens	sus File	Numbe	er		Census File Number							
Item 13. COMMODIT Report sales by comma whole percent of to marketed under capital, receipts derived from m	nodity gro tal sales finance, o	(Include or full pa	the valu	ue of me ises and	rchandi rental	o r as se		em 15. OWNERSHIP, Is the FIRST DIGIT of in the address label 1 Yes - Comp.	of your Census I immediately at lete this item	File Nun	nber (sl	hown	ATION		
	38.76% of	Bil.	⊢ Mil.	Thou.	Dol.	Per-	l	2 No – Skip to	item 16						
REPORT Papart w	hole percent		1 1 1		 	cent 39	b.	Is this company owned or	Enter name, add owning or contr			the			
renceivi 3	PERCENTS Not acceptable 38.76							controlled by another company?							
	ESTIMATES are acceptable. Report dollars OR percents.						097 1 ☐ Yes —→								
Commodity lines sus			│		∣ Dol.	Per-	1	2 No							
	100	101	l I	1	<u> </u> 	cent	ł		EIN (9 digits)						
1. Beer and ale	560		I	l	 		c.	Does this company own or control any	Enter name, add or controlled con		d EIN of	the ow	ned		
2. Wines and distilled			<u> </u>	<u> </u>	<u> </u>			other company or companies?							
alcoholic beverages	5		!		!			П.,							
a. Wines	571	1						098 1 ☐ Yes → 2 ☐ No							
b. Distilled liquor									EIN (9 digits)						
(including premi alcoholic drinks)		2					d.	How many establish	ments operate			Num	ber		
c. Total (Sum of li 2a and 2b		0	 	 				the Employer Identi in the label (or as co THE END of 1997?							
3. Tobacco and tobacco products 5900		0		 				If more than one, provother information indiheadquarters location	cated below for e	each esta	blishme	ent. The)		
4. Confectionery	440	0	 	1				locations. If more room format in REMARKS of	m is needed, con or on a separate s	tinue in sheet of p	the sam paper.	ne			
5. Soft drinks and both water	tled 485	0	i I	 			H	Name	table if book fig	ures are 1997	Mil.	Thou.	Dol.		
6. Refined sugar, flour cereals, cooking oils			1					Number and street		Sales	081				
foods, pickles, preserves, sauces, a	and		1						0	Annual	082	l			
other grocery special 7. Miscellaneous		0						City	State ZIP Code	. ,	employ	ees for	nav		
commodities – Specify			i		 		1	Kind-of-business desc	ription	period 083	d includi	ing Mar	ch 12		
076			i							003					
a. 077	981	1	i I	i I	Ì			Type of operation (choo	ose from item 12)	Cen-	088				
077			I I	 						sus use	089				
b. 078	981	2	I	1			H	Name		1997	Mil.	Thou.	Dol.		
070			 	 							081	1	1		
C.	981	3	I	1	1		ł	Number and street		Sales Annual	082	T T			
8. Rental and operatin lease receipts	994	.0	l I	 				City	State ZIP Code			<u> </u>			
9. Service receipts and	d		I I				2	Kind-of-business desc	ription			ees for ing Mar			
labor charges (including installed	970									083					
parts)	970		T .				l	T (/)	5 : 10)		088				
10. TOTAL (Should eq item 4a if								Type of operation (choo	ose from item 12)	Cen- sus	089				
reporting in dollars)	n 99 9	0	İ	İ		100%				use					
Item 14. LEGAL FOR	M OF ORC	SANIZAT	ION				RE	EMARKS – Please use essential in	this space for any understanding y	explana	ations th	nat may	be		
Which of the following legal form of organiz								0000711141 117	unacrotaining y	ош. торо					
_		_		K (71) 0111	, 0,12	υσλ.									
003 1 ∐ Individual ov	vner (sole	propriet	orsnip)												
2 Partnership								em 16. CERTIFICATIO)N - This report i	s substa	ntially a	accurate			
3 Cooperative	associatio	n (taxab	le)			and has been prepared in accordance with instructions.									
4 Cooperative	associatio	n (tax-ex	(empt)			by	this report FROM:	t regarding this i	TO:	Print or	type				
5 Government	- Specify						Titl								
0 ☐ Corporation			y form c	of											
cooperative association)								ephone	a code Numbe	r 	E	xtensio	n		
9 🗌 Other – <i>Spec</i>	cify					Sig	nature of authorized p	erson		Date	_				